

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/22/05

2 Serial/Patent # 10/527,904

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$

8 TO BE REFUNDED BY:

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

07/25/05
Treasury check

Credit Deposit A/c #:

9 Exp: XX XXXX XXX1029

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE:

SIGNATURE: BAC

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

ET 217

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Adjustment date: 07/25/2005 BCAMPBELL
03/23/2005 ATRAN1 00000063 10527904
02 FC:2632

-250.00 OP

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B